2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704069

FILED Jan 12, 2006 Secretary of State

Entity Name: PINELLAS CLASSROOM TEACHERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 650 SEMINOLE BLVD LARGO, FL 33770 **Current Mailing Address: New Mailing Address:** 650 SEMINOLE BLVD LARGO, FL 33770 FEI Number: 59-0974339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, JADE T 94 BAYWOOD AVENUE US CLEARWATER, FL 34625 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DENNARD, MICHELLE Name: Name: 3616 CARMEN ST Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: Title: () Delete () Change () Addition BARBARA, WILMARTH Name: Name: Address: 6305 40TH AVE N Address: City-St-Zip: ST PETERSBURG, FL 33709 City-St-Zip: Title: () Delete Title: () Change () Addition CAROLYN, UNDERWOOD Name: Name: 712 CANTERBURY RD Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MANNING, LINDA Name: ESCUDER, CARMELINDA 3525 FAIR WAY FOREST DR Address: Address: 1326 PINE RIDGE CIR #124-G2 City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: TARPON SPRINGS, FL 34688 Title: () Delete Title: (X) Change () Addition MYERS, BARBI PERKINS, GRACE Name: Name: 360 DUNCAN LOOP E #302 2626 SUNNYSIDE CIRCLE Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: (X) Change () Addition WILMARTH, STU STEPHENS, DIANE Name: Name: Address: 7958 11TH AVE Address: 1720 N GREENWOOD AVE SAINT PETERSBURG, FL 33707 CLEARWATER, FL 33755 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE DENNARD PRES 01/12/2006